

CHILD CARE ELIGIBILITY WORKSHEET

Family Size				Decision <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Change							
Case Name						Case Number					
Reason for Child Care					Total Monthly Income \$				Number of Children in Care		
Licensed Weekly Co-payment Amount \$						OR Certified Weekly Co-payment Amount \$					
Number of Hours of Child Care Needed per Week									Widely Varying Work Schedule <input type="checkbox"/> YES <input type="checkbox"/> NO		
Name	Sun	Mo	Tue	We	Thu	Fri	Sat	Total Hrs	Provider Name	Provider Type *	Payment Type*

***Provider Type** = Licensed Group (G), Licensed Family (F), Regular Certification (R) and Provisional Certification (P), Certified School Age (C), Public School (S)

****Payment Type** = Payment Based on Enrollment (E) or Attendance (A).

Child's Name	Authorized Payment		Maximum # of Hours Authorized
	Enrollment	Attendance	
	\$ per week	\$ per hour	
	\$ per week	\$ per hour	
	\$ per week	\$ per hour	
	\$ per week	\$ per hour	
	\$ per week	\$ per hour	
	\$ per week	\$ per hour	
	\$ per week	\$ per hour	
	\$ per week	\$ per hour	